

Room Use Reservation

2499 N. Helen Street, North St. Paul, MN 55109 Ph: 651-777-7451 Email: stmarks@stmarks-nsp.org

Committee/Organization:			Today's Date	
Event Name:				
Date(s):	_			
Event Time:	AM/PM to		AM/PM	
Set-up Date:(if different)	_ Time:	AM/PM to		
Number attending:		Insurance Carrie Non-church groups o	er:nly	
Rooms (Check room(s) requested)			
	Small (102, 103, 203, 2 Fellowship Hall Kitche Library	204, 205, 206)	☐ Narthex Hall Classroom m ☐ Fire pit ☐ Other (requires approval)	
Resources (additional ch	narge may apply for no	on-church groups):		
Please include a diagram	of the set-up needed ((tables, chairs, etc) o	n the back page.	
# Banquet Tables	s # Ro	ound Tables	Podium	
TV/VCR	□TV/DVD		Extension Cord	
Screen	Micropho	one] Piano	
Coffee Maker/Filters (must bring your own c	offee and supplies)		
Other (please describe	2)			
Contact Person		 Ph	one	
 Fmail				